



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**BOARD OF DENTISTRY AND DENTAL HYGIENE**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)

**REQUEST FOR APPROVAL OF CONTINUING EDUCATION COURSE**

**INSTRUCTIONS**

**When to Submit**

Complete this form to request approval of an organized educational activity intended to fulfill the continuing education (CE) requirements for maintaining a Dentist or Dental Hygienist license in Delaware. Either Delaware licensees or program providers may submit a request. Requests may be submitted either before or after the program; however, if the program is not approved, the requester will be notified that no CE credit is given.

**For full details on continuing education requirements, see Section 6.0 of the Board's [Rules and Regulations](#).**

The Board of Dentistry and Dental Hygiene automatically approves courses offered by the American Red Cross and the American Heart Association. For Dentists, additional approved providers are listed in Sections 6.5.1.1 through 6.5.1.7. For Hygienists, additional approved providers are listed in Sections 6.9.4.1.1 through 6.9.4.1.6. ***If a course is offered or approved by any organization listed in the Sections above, STOP. You do not need to submit this form.***

**Documentation Required**

- ☐ Complete and sign request form.
- ☐ ***If request is submitted by a course provider, enclose fee of \$35 by check or money order payable to "State of Delaware." If a Delaware licensee submits the request, no fee is required.***
- ☐ Enclose copies of a syllabus showing course objectives and a course schedule.
- ☐ Enclose resume or *curriculum vitae* (CV) for each presenter.

**REQUESTER COMPLETES THIS SECTION**

1. Requester (check one): ☐ Course Provider ☐ Delaware-licensed Dentist or Dental Hygienist
2. If you are a Delaware licensee requesting approval of a course, enter:  
Your Name \_\_\_\_\_ License #: **G** \_\_\_\_ - \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_
3. Enter the following information about the course provider:  
Sponsored or Provided by: \_\_\_\_\_  
Contact Person/CE Coordinator: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip code  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website URL: \_\_\_\_\_
4. Program Title: \_\_\_\_\_  
**Enclose copies of a syllabus showing course objectives and a course schedule.**
5. Presenters: \_\_\_\_\_  
**Enclose resume or *curriculum vitae* (CV) for each presenter.**

**REQUESTER COMPLETES THIS SECTION, Continued**

6. Date(s) Offered: \_\_\_\_\_
7. Location of Course: \_\_\_\_\_
8. Is a completion certificate provided? Yes ☐ No ☐
9. **Credit Hours Requested:** \_\_\_\_\_

**Submit this application and all supporting documentation to the Delaware Board of Dentistry and Dental Hygiene at the address above. If you have questions, email: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us).**

**BOARD OFFICE COMPLETES THIS SECTION**

Board Review Date: \_\_\_\_\_

☐ Approved for \_\_\_\_\_ hours. Approval expires: \_\_\_\_\_

☐ Tabled - List reason(s) below. ☐ Denied – List reason(s) below.

The above request was denied or tabled for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_